BERRY STREET TAKE TWO

Healing Childhood Trauma

Principles for trauma-informed practice with infants and young children

52,681
children
aged 4 or under
received child protection services in Australia in 2020–21

(AIHW, 2022.)

At Take Two we consider infants as babies, toddlers and pre-schoolers aged 0–5 years old.

This guide has been developed for use by practitioners and other professionals who are working with infants who have experienced trauma. The infant may be a member of a family you are working with, or your sole focus.

What happens in childhood, especially in infancy, has a profound outcome on mental health outcomes later in life (Scott, 2023). Infants were long ignored by the system and services who assumed they will not remember, and therefore were not impacted in the long term by neglect, abuse or witnessing family violence. While babies and toddlers may not be able to articulate their mental health needs in words, their mental health certainly is impacted by adversity in their first years following conception.

This guide will step you through what Take Two considers the fundamentals of understanding an infant's mental health.

The infant has a mind

Babies, toddlers and young children have their own unique experiences of events and relationships. They have agency in their own lives. Those experiences should be respected, including by their family, the care system and in therapeutic relationships. It is important to speak to babies and tell them what is happening, as well as to wonder about what we think the baby is communicating to us and to others. The baby is an active participant in every interaction and experience, and babies communicate intentionally from birth.

Extraordinary growth occurs in the first three years of life

From conception, the brains of babies and toddlers are malleable and shaped by early-in-life relationships, experiences, and the conditions of their environments. When an infant experiences repeated fear, pain, extreme distress, neglect, and loneliness they develop ways to cope with this. This can include an over-sensitised stress response system or dissociative behaviours. The earlier in life the infant experiences this repeated fear and adversity, the more likely that their coping mechanisms become 'wired' into their relationships, brain and body. This makes it hard for them to grow, learn and engage with safe relationships and the world around them, and harder for them to thrive and reach their full potential.

The infant is vulnerable to poor outcomes from adverse conditions

A young child's brain, mind and body are so adaptive to the influence of adversity (poor nutrition and hygiene, lack of physical nurturance and comfort, exposure to threat and violence, and/or lack of emotional responsiveness from safe and consistent caregivers), that their later development and functioning can be significantly affected. Even if the child is removed from the source of harm, or their caregivers find safety and stability, they are more likely to experience later challenges with learning, social interactions and forming secure attachments.

The infant can't wait

Early interventions are one of the best opportunities for healing. Timely interventions can rapidly reverse many effects of adversity, so are essential to support the healthy and optimal development of babies and toddlers. The longer a child waits for intervention, the more likely the maladaptation to that adversity will become permanent. Additionally, because the malleability of the brain slows after early childhood, later interventions may need to be more intensive, and/or provided over a longer period of time.

Memory occurs from conception and is not just verbal

Memories are encoded implicitly in sensory systems. This means that both positive and negative memories are stored by the brain and the body. A common misunderstanding is that children won't remember negative experiences from their infancy. While it's true that the infant, and later the child, may not be able to put words and a timeline to their memories, it is not true that they have no memories.

Bessel van der Kolk (2014) points out that 'the body keeps the score', and this accurately reflects how traumatic memory is held from infancy. Babies are bathed in sensory input from conception. They feel movement while in the womb, they hear their caregivers' voices and once born, are soothed by rocking and patting, sucking at the bottle or breast, being face-to-face, being touched and held, smelling their caregivers' skin, feeling their breath, hearing the sounds of their household and experiencing the sensations of wearing a nappy. All of these sensory experiences, particularly early in infancy, create formative associations. A smell and a touch mean something to the infant based on what they experience and how they make sense of these experiences.

Infants who are profoundly neglected, live in households with violence, or who are shaken develop core memories and connections between sensory experiences and distress. These memories and connections create a felt-sense of threat, instead of a felt-sense of safety and this is what we call neuroception. They can carry those memories through their development. This means that even in safe relationships and environments, a simple sensory input (a touch, tone of voice, smell or a sound) can trigger distress. This has profound implications for a young child's ability to then make use of the learning and relationships available to them, as they can be stuck in a state of fear that they do not understand.

The infant can be vulnerable to 'ghosts in the nursery' (Fraiberg et al., 1975)

The parents or primary caregivers carry forward their own core memories and templates into their relationship with the infant. They parent the way they were parented, and in doing so, they can unintentionally repeat both positive and negative experiences from their own lives. Intergenerational patterns of trauma are relationally carried forward by parents or caregivers who have experienced adversity and trauma in their early life and were not able to access early intervention or the support needed to interrupt this cycle. This means that the caregivers' experiences of being cared for, as well as current relationships with extended family members, can and do influence the way the child is cared for.

Watch this five-minute video explaining the concept of Ghosts in the Nursery.

Attachment networks are vital for good growth and development

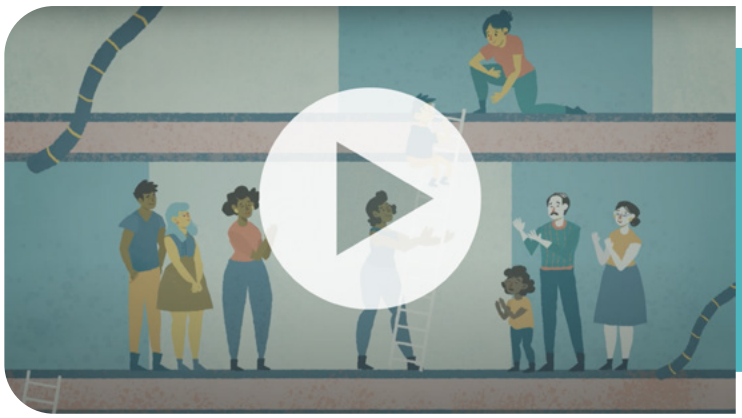
People do best when they have strong and protective relationships. Infants exist in multiple relationships in multiple ways. Maintenance of significant relationships is a priority, regardless of where an infant lives. Without safe, predictable, consistent and attuned caregivers, infants may not develop to their full potential as they rely on their caregivers for safety, protection, comfort and pleasure. In the absence of these, the infant experiences fear and distress, and their focus is on survival and self-protection, which they can't do effectively without adult caregivers.

While much of the early literature on attachment focussed solely on the mother-infant relationship, we know that in many cultures the infant forms attachment relationships with a network of familiar caregivers, and different caregivers may meet different needs in the child. Likewise, the relationships and connectivity of the child's caregivers are important to understand. Parents and caregivers who belong to a kinship network and have support and resources to draw on in times of challenge, are best resourced to provide the infant with the security and belonging they need.

Relationships are not interchangeable for the infant

Babies, toddlers and young children - just like older children, adolescents and adults - can form new relationships with new caregivers. Just like older children, they will also mourn the loss of caregivers and important people in their lives. However, unlike older children this loss is often very difficult for infants to process, understand and make sense of. Each time an infant moves to a new household with new caregivers, they must work hard to learn how to trust and be in the new relationship. They bring what they learned from the previous relationship and assume it will be the same. Adapting to new faces, smells, touches, sounds, and routines is a source of considerable stress for young children and is compounded by the distress they can feel over the loss or separation from a significant person or people.

By supporting infants and the adults who are caring for them we can have a significant impact on the mental health and social and emotional wellbeing of our youngest community members. If we can help infants feel safe, we can significantly reduce the burden of mental illness later in life.



Watch our short video describing the Take Two trauma-informed approach to supporting mental health needs of children who have experienced neglect, abuse and other adverse experiences.

Key messages for practice with infants:

- When thinking about the family's story, consider their experiences from the infant's perspective.
- An infant's development begins in utero. Be curious about their lived experience from conception to inform your understanding of their current needs and vulnerabilities.
- Helping parents and caregivers to be curious about the infant's experience of the world will support their relationship with the child.
- Infants communicate from birth, so building parents and caregiver's capacity to tune into and sensitively respond to those communications is fundamental to work with infants.
- Due to the rapid rate of brain organisation in the first few years of life, and the extraordinary plasticity of the brain at that time, interventions can have a significant and lasting impact if delivered in a timely way.
- Trauma and disrupted relationships present differently in infancy compared with older children. Therefore, it's important to understand an infant's age and stage of development, and how their experiences may be impacting their sleep, feeding, emotion regulation, relational capacity, play, development and learning.
- Infants are underrepresented in therapeutic services, even though they are overrepresented in child protection populations. Infants are also more likely than any other age group in childhood to be present during family violence, putting them at greater risk of harm, injury and death. Despite this, infants are still the least likely to receive direct or effective services to address the impacts of family violence (Fantuzzo & Fusco, 2007; Jordan & Sketchley, 2009; Lieberman, Chu, Van Horn, & Harris, 2011; Newman 2015; Bunston 2015; Toone 2015).
- Infants develop within and are dependent upon their caregiving relationships. Assessment and intervention must include their primary caregivers and other important adults in settings such as childcare or kinder.
- Many infants cannot articulate their thoughts and emotions through words. So, we need to use different approaches to try and understand their internal world, experience of relationships and needs. This includes noticing non-verbal communication and also what feelings you have when you are with the baby, and what is stirred up inside you.
- Everyone has cultural biases and their own cultural lens from which they view parenting roles and caregiving practices. Reflecting on your biases helps you to learn new things about caring for infants and acknowledge there are multiple ways to care for an infant.

References

Australian Institute of Health and Welfare. (2022). *Child protection Australia 2020–21.* Data table S2.3. Retrieved from https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2020-21.

Bunston, W. (2015). *Witness Statement to the Victorian Royal Commission into Family Violence*. Royal Commission into Family Violence. Retrieved from https://www.rcfv.com.au/MediaLibraries/RCFamilyViolence/Statements/WIT-0014-001-0001_1.pdf

Fantuzzo, J.W., Fusco, R.A. (2007). Children's Direct Exposure to Types of Domestic Violence Crime: A Population-based Investigation. *J Fam Viol 22*, 543–552. https://doi.org/10.1007/s10896-007-9105-z

Fraiberg, S. Adelson, E., Shapiro, V. (1975). Ghosts in the Nursery: A Psychoanalytic Approach to the Problems of Impaired Infant-Mother Relationships. *Journal of American Academy of Child Psychiatry, 14(3)*: 387-421.

Jordan, B., Sketchley, R. (2009). A stitch in time saves nine: Preventing and responding to the abuse and neglect of infants. *Child Abuse Prevention Issues 30*, Australian Institute of Family Studies. https://aifs.gov.au/resources/policy-and-practice-papers/stitch-time-saves-nine-preventing-and-responding-abuse-and

Lieberman, A.F., Chu, A., Van Horn, P., & Harris, W.W. (2011). Trauma in early childhood: empirical evidence and clinical implications. *Development and psychopathology, 23(2), 397–410*. https://doi.org/10.1017/S0954579411000137

Newman, L.K. (2015). *Witness Statement to the Victorian Royal Commission into Family Violence*. Royal Commission into Family Violence. Retrieved from http://rcfv.archive.royalcommission.vic.gov.au/MediaLibraries/RCFamilyViolence/Statements/WIT-0024-002-0001_R-Newman-2.pdf

Scott, JG, et al. (2023). The association between child maltreatment and mental disorders in the Australian Child Maltreatment Study. *Med J Aust. 218 (6)*. https://doi.org/10.5694/mja2.51870

Toone, E. (2015). Appendix 1: Supplementary submission: Therapeutic responses for infants and children at escalating risk of family violence. In S. Keebaugh, J. Pocock & A. Jones (Eds.), *No Place for Violence: Berry Street Submission to the Victorian Royal Commission into Family Violence* (pp. 53–65). Royal Commission into Family Violence. Retrieved from http://rcfv.archive.royalcommission.vic.gov.au/getattachment/FC540EDE-7984-4E83-8191-43D2B03C7372/Berry-Street.pdf

Van der Kolk, Bessel A. (2014) *The body keeps the score: brain, mind, and body in the healing of trauma*. New York, New York: Viking.

BERRY STREET TAKE TWO

Healing Childhood Trauma

Berry Street's Take Two program is a specialist trauma service helping children cope with mental health impacts caused by adverse experiences such as abuse, neglect and family violence. We use evidence-informed approaches, neurobiological research and clinical frameworks to develop networks of supportive adults to provide what the child needs. We believe all infants, children and young people have the right to feel safe, loved and valued.

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Berry Street's Take Two Program is a partnership with:

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We believe all infants, children and young people have the right to feel safe, loved and valued.

Berry Street is committed to the principles of social justice. We respectfully acknowledge the traditional owners of the lands and waters of Australia.

Models appear in our photographs to protect the identity of our clients.
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